

MINUTES
of the
Behavioral Health Planning & Advisory Council
Quarterly Meeting
meeting on
October 16, 2014

Videoconference Meeting Locations:

held at

Sierra Regional Center (SRC)
605 South 21st Street, Sparks, Nevada
AND

State of Nevada Division of Public & Behavioral Health
4126 Technology Way, 2nd Floor, Conference Room 201, Carson City, Nevada
AND

Desert Regional Center (DRC)
1391 S. Jones Blvd., Las Vegas, Nevada

**1. CALL TO ORDER, ROLL CALL, AND INTRODUCTIONS –
RENE NORRIS**

Rene called the meeting to order at 9:13 a.m. A quorum was determined by roll call and Diane completed the sign-in sheet.

MEMBERS PRESENT:

Alyce Thomas, BHPAC Chair – Consumer (Las Vegas) – Teleconference
Rene Norris, BHPAC Vice Chair – Family Member (Las Vegas) – Teleconference
Anis Abi-Karam, PhD – Private Practice Provider (Las Vegas)
Judy Bousquet – Co-occurring Consumer (Las Vegas) – Teleconference
Elizabeth Burcio – Consumer (Yerington) – Carson City
Dave Caloiaro – DPBH / Adult Planner – Mental Health (Carson City) – Sparks
Ali Jai Faison – Family Member & Private Practice Provider (Las Vegas)
Barbara Jackson – Consumer (Sparks) – Teleconference
Hilary Jones, RN – Medicaid (Carson City) – Sparks
Bill Kirby – SAPTA (Carson City) – Sparks
Susan Maunder – Consumer (Las Vegas)
Sue Orton – Consumer & VA Mental Health Provider (Las Vegas) – Teleconference
Debra Parra – Department of Housing (Carson City) – Carson City
Ann Polakowski – DCFS (Las Vegas) – Teleconference
La June Primous – Family Member (Las Vegas)
Bob Volk – Consumer (Reno) – Sparks
Dawn Walker – Family Member/Consumer/Provider (Henderson) – Las Vegas
Sharon Wilson – Department of Corrections (Carson City) – Sparks

MEMBERS ABSENT:

Marion Scott – Consumer (Las Vegas)
Mechelle Merrill – DETR Bureau Chief (Carson City)
Cynthia Matteson – Consumer (Mesquite)
Denise Everett – Family Member & Substance Abuse Provider (Reno)

STAFF / PRESENTERS / GUESTS:

Julie Slabaugh, Deputy Attorney General
Erin Snell, Program Director, Nevada Healthcare Guidance Program
Rachel Marchetti, DHCFP
William Siegrist, Clinical Administrative Coordinator – Behavioral Healthcare Options
Barry Lovgren, Member of the Public – Teleconference
Luana Ritch – DPBH
Diane Dempsey – DPBH/BHPAC Administrative Support

2. PUBLIC COMMENT

Mr. Barry Lovgren identified himself as a retired Substance Abuse Treatment and Prevention professional and stated he has been looking at substance abuse services for pregnant women since 2009, when he found that treatment for pregnant women had fallen by half. In July of last year, funding expired for the 4P's Plus Project. Through that project, 20,000 pregnant women had been screened for substance abuse and, when indicated, they had been referred to a treatment program funded by the Substance Abuse Prevention and Treatment Agency (SAPTA). Mr. Lovgren said in August 2013, SAPTA submitted their current application for the SAPTA Block Grant and that application state plan provides for expanding the 4P's Plus Project instead of allowing it to become an unfunded and largely defunct project. Mr. Lovgren said he wrote a letter of thanks to Deborah McBride, who was the SAPTA Bureau Chief at that time, because he had been nagging the agency since 2009 about failure to meet the federal requirement to publicize the availability of substance abuse treatment at a minimum priority for pregnant women. The State Plan not only remedies that problem but it exceeded the requirements by providing for the 4P's Project, a screening and referral project for substance abuse in pregnant women. Mr. Lovgren commented that it was never SAPTA's intention to expand the project, despite what was in the State Plan. The project's funding ran out a month before SAPTA submitted that State Plan that called for its expansion. It was unfunded at the time the State Plan was submitted; and, Mr. Lovgren said, the Council may recall when he brought it to their attention at the meeting last October. He asked to have distributed among the members an extract from SAPTA's Block Grant Report to SAMHSA, submitted in January 2014: [Table 3 2014 SABG Report - B. Lovgren 10-16-14.docx](#) It is a report of the fourth priority established by SAPTA in the State Plan, which does not promise expansion of the 4P's Plus Project, but instead accurately describes how the 4P's Plus Project became defunded in July 2013 and

how funding the expansion of the 4P's Plus Project is impossible. Mr. Lovgren thought it would be appropriate for the Council to place on their next agenda a presentation by SAPTA on the current State Plan benchmark on services for pregnant women and on how things turned out for each of the seven objectives for this priority that the report says were met in 2014.

Rene thanked Mr. Lovgren for his public comment and said the Council will consider his agenda item. Dave asked Mr. Lovgren to send him and Diane an e-mail with a sentence or two on what he would like discussed at the next meeting and we could use that as an agenda item.

There was no further public comment.

**3. REVIEW AND VOTE TO APPROVE THE MINUTES FROM
THE COUNCIL'S QUARTERLY MEETING ON JULY 17, 2014**
"For Possible Action"

Tabled. The minutes were not available for review and this item will be placed on the Council's meeting agenda in January 2015.

**4. UPDATE ON THE NEVADA COMMISSION ON BEHAVIORAL
HEALTH – VIKI KINNIKIN, COMMISSION CHAIR** *"For
Possible Action"*

Tabled. Viki was not in attendance.

**5. NEVADA MEDICAID-HEALTH CARE GUIDANCE PROGRAM
– ERIN SNELL** *"For Possible Action"*

Erin Snell, Program Director of the Health Care Guidance Program, introduced Rachel Margetti from the Division of Healthcare Finance and Policy. The Division manages the contract with the Federal Government and the Health Care Guidance Program works closely with them. Erin advised if anyone had contacts they would like her to follow up with, she would be happy to do that. Erin said the Nevada Health Care Guidance Program is based on an 1115 C Waiver. McKesson, Inc. was hired as the primary contract holder to run this program in the State of Nevada, and they contracted with Value Options on the behavioral health side. Erin manages and operates the behavioral health side of this contract and represents Value Options as part of the Nevada Health Care Guidance Program. They all work under one big umbrella and present as one team. The program launched June 1, 2014, and she has been with the program and the project since March. Erin explained that the Health Care Guidance Program (HCGP) is a new Care Management Organization (CMO) for Fee-For-Service (FFS) members who meet a specific criteria. They are not an MCO, like Amerigroup or HPN, and they are not an HMO. While they do not have any Utilization Review component to their program, they are a free benefit for those

who already have been identified as eligible and who hold traditional Medicaid or (FFS). The HCGP provides care coordination that includes making sure members (patients, clients, and beneficiaries) stay connected to their providers, attend appointments, have transportation, stay on their medication, have access to a Nursing Advise Line, and have support from a live professional via telephone or face-to-face. They have both behavioral health specialists and medical nurses on the team who work across the State of Nevada. See attached handouts: [Nevada Health Care Guidance Program Executive Summary Providers.pdf](#) [Health Care Guidance Program - Dear Colleague.pdf](#).

Rene and La June asked if there was a list of qualifying diagnoses. Erin provided the attached information electronically following the meeting: [HCGP Provider Handbook Inclusionary and Exclusionary Criteria.pdf](#).

Erin stated that under the waiver there is a cap of 41,500 individuals they can provide integrated physical and behavioral care management to and these individuals are already pre-identified. Erin gave one example of a positive outcome through the Nevada Medicaid-Health Care Guidance Program.

Mr. Faison asked Erin if she had a contact number. Erin said it is (775) 276-8066. Ali expressed a concern to Erin that Medicaid denied a billing for services for one of his clients because of the CMO designation. Erin advised that HP, who handles all the claims, said the denial should never be because of the CMO designation. Erin will put Ali in touch with their contact at HP if he is finding that issue. Erin stressed again that they are not a direct service provider. They coordinate the care and go with the individual to their provider. If a provider finds their client has a CMO designation and they want to see if the Program has made contact, the provider can utilize the “Patient Real Time Referral Form” handout: [NV_RealTimeReferralForm_0914_F.pdf](#).

Erin invited anyone with questions to please contact her.

Dave and Rene thanked Erin for taking the time to make this presentation, and Dave complimented Erin on the great work she is doing. Dave said once this is established, the Council would love to have her return. Erin said she is hoping to make a presentation in May 2015, at the NAFW Conference, and follow with the same presentation before the Council.

6. INTRODUCTION ON FIRST EPISODE PSYCHOSIS (FEP) INITIATIVE/PROGRAM – DAVE CALOJARO “For Possible Action”

Dave first welcomed the new members to the Council who were attending in Sparks and Las Vegas: Bob Volk, Hilary Jones, Ali Jai Faison, and Dr. Anis Abi-Karam.

Dave gave background on the First Episode Psychosis Initiative/Program, a requirement of the mental health block grant in all 50 states to use a certain amount of money for a certain program or initiative, which is the First Episode Psychosis. This fiscal year they are required to spend a set aside of five percent (5%). In Nevada, the first year will be a planning year and subsequently this will set it in motion for many years to come. Dave stated that following the mass shootings over the last couple of years, particularly in schools, profiles conducted on the individuals who perpetuated the violence were found to have had a first episode psychosis which was not treated or intervened early enough. Dave then reviewed the attached: [First Episode Psychosis \(handout\) 10-16-14.docx](#). Dave added that starting October 1, 2015, the actual treatment will commence. Their contractor recommended putting a team together only in the north for the last quarter (July, August, and September) of this planning year, propelling the program statewide into the next year. The ultimate deliverable would be a very comprehensive strategic plan going forward for many years. Dave then asked for questions.

Hilary commented that this sounds so excellent and said additional points of entry like SNAMHS and NNAMHS would be the teachers and nursing staff of school kids who know if a child is behaving strangely or is not attending school. Sharon added, or someone who is being bullied.

Bill in Las Vegas asked, because of the laws, if there were or might be problems with the transference or getting information on mental health records. Dave said they have not had that discussion. The team would have to look at that. The Federal Government is providing a lot of technical assistance to the state mental health authorities block grant on First Episode Psychosis and that may be a question to ask.

Sharon echoed Hilary, saying, she works with individuals after they have a first break and commit a crime and are then incarcerated. Sharon thinks this is very exciting.

7. ACCESSING MENTAL HEALTH RESOURCE MATERIALS IN COUNTY JAILS – SHARON WILSON “*For Possible Action*”

Sharon has had trouble establishing contact at some of the rural jails but will continue to provide them with a digital copy of the resource materials that the Council developed. If necessary, she will take them paper copies, with the goal being that the people coming into the jails and their families who visit will have access to information on how to get mental health and substance abuse services. Sharon said for the benefit of the new members, the Council designed a resources brochure for the north, south, and rural areas of Nevada, and there was a feeling that the jail would be a good point to provide that information.

Hilary said on the Governor’s Behavioral Health and Wellness Council, one of the goals is to help the Medicaid recipients who have lost their eligibility while in jail get their benefits in place at the time of discharge, so they are able to receive

services right away from Medicaid providers. Hilary recommended we work in collaboration with the other Governor's Council on how to get those Medicaid benefits restored. Sharon added that that is an even bigger problem for people coming out of prison because they have been out of the system longer. Hilary said there are current concerns in the Welfare eligibility process. It might be good to talk to someone in Welfare, like Nova Peak, to find out where that hitch is and whether that is a process they are continuing to work on.

8. OVERVIEW OF THE GOVERNOR'S INTERAGENCY COUNCIL ON HOMELESSNESS – DAVE CALOJARO “For Possible Action”

Dave stated the Interagency Council on Homelessness is another new initiative as a result of Nevada receiving a grant called the Cooperative Agreement to Benefit Homeless Individuals (CABHI). This affects individuals who have mental illness or co-occurring disorders that are either homeless or imminent of becoming homeless. The grant is over four years at \$711,000.00 a year. It doesn't provide for direct services but does provide education, outreach, and case management and has a connection to HUD, which is Housing Urban Development. One of the stipulations on the CABHI grant is that the state had to establish an Interagency Council on Homelessness. The first meeting was on September 9, 2014, and meetings are subject to the Open Meeting Law. The Chair is Ellen Richardson-Adams, who is the Agency Director over Community Services; First Lady Kathleen Sandoval; Betsy Aiello, the Deputy Administrator for Medicaid; Michelle Fuller Hallauer, Southern Nevada CoC Coordinator; Mike McMahon, who oversees grants, homeless, and housing at the Division of Public and Behavioral Health; Kelly Robson, Chief-Social Services; Tyrone Thomas, Regional Homeless Coordinator and Assemblyman for District 17, Kevin Quint, SAPTA Bureau Chief; Stephen Shipman, Washoe County Social Services; Carla Jean Manthe, Nevada Housing Division; James Cox, Department of Corrections; and, Pastor John Schmidt. Ruth Hurtado-Day is with SAMHSA and she is the Project Officer for this grant. Dave reviewed the following highlights of the first meeting: Overview of the Open Meeting Law by George Taylor, Senior Deputy Attorney General; Introduction and Overview of the Interagency Council on Homelessness (ICH) – purpose, plans, draft, and mission statement by Kelly Marschall from Social Entrepreneurs and Ed Cabrera, Regional Coordinator, Western States Region IX, HUD; Overview of Housing in Nevada by Kelly Marschall; Motion to approve the creation of the Bylaws Subcommittee; Motion to approve the creation of the State Plan Subcommittee; and Federal Reporting Requirements by Ruth Hurtado-Day. The next meeting will be held on November 7, 2014, at 8:30 a.m.

Bob expressed his feelings about educating individuals before they are homeless rather than after they are homeless. Dave thanked Bob and invited him to the Interagency Council on Homelessness on November 7, 2014, to give public comment on this topic. Dave added that with the CABHI grant there are three primary sub-recipients in the north, south, and rural that provide the outreach,

education, and case management and they are Volunteers of America/Project Restart in Reno, Help of Southern Nevada, and in rural Nevada it is New Frontiers in Fallon. The Division also received a supplemental to the CABHI grant, which is specific to the Department of Social Services in Clark County, and they will be working with WestCare Nevada. Operations should commence in December 2014.

Dr. Karam asked where recruitment for the homeless will take place. Dave said from homeless shelters, the streets, emergency rooms.

Erin asked for clarification on the three community partners. Dave said in the south it would be Help of Southern Nevada and Clark County Department of Social Services, who are subcontracting with WestCare Nevada. In the north it is Volunteers of America/Project Restart, and in rural Nevada it is New Frontiers. These partners will do the work with the state's oversight.

Bill asked if this was related to the Southern Nevada Coalition to End Homelessness. Dave will have to check on this, but he didn't think so.

9. STATEWIDE PEER LEADERSHIP ADVISORY COUNCIL UPDATE – DAVE CALOJARO “*For Possible Action*”

Dave reported that Nevada is working on a Peer Support Specialist Initiative. The peers would represent mental health, addictions, and co-occurring disorders. About a year ago the Division applied for a Bringing Recovery, Supports, Technical Assistance Center BRAS TAC through the federal agency Substance Abuse, Mental Health Services Administration (SAMHSA). It was a Technical Assistance Award, rather than a grant. The state received \$50,000 and technical assistance to develop a plan on how Nevada could further along its peer support services. Dave reviewed the following objectives: (1) Develop a peer curricula training – 16 hours of training for a qualified behavioral aide which provides peer support services, basic skills training, and psycho-social rehabilitation; (2) Develop workforce opportunities for peers in both the public and private sectors; (3) Develop peer support organizations licensed by the Bureau of Healthcare Quality and Compliance; (4) Certifying peers through the Board of Examiners and Drug and Alcohol; and (5) Develop a Peer Leadership Council. This project will take about a year because they have written a bill draft request on what a Peer Support Organization would look like, which would be modeled after an existing Medicaid program for agencies for personal care aide assistants, being specific to peer support services. The Peer Leadership Advisory Council is not a formal Governor-appointed board and is not bound by Open Meeting Law; however, they will abide by the Open Meeting Law. Two Ad Hoc Committees were formed for four months in the north and south to see what the Peer Leadership Council would look like. The committees wanted to put emphasis on the statewide regional representation. The meeting on Monday did not have a quorum. The Peer Leadership Council will meet statewide via video conference and for the first six months the Council will meet monthly and then quarterly thereafter. Dave advised that the Council

members are The Chair in the north is Daniel Fred, the co-Chair is Chrystal, and the two members are Camille Jones and Barbara Jackson. Skip Fowley is the Co-chair in the south and works for the Foundation for Recovery in Las Vegas. Members in the south are Alyce Thomas, Secretary, who is the Chair for the Behavioral Health Planning and Advisory Council (BHPAC); Rene Norris, who is the BHPAC Vice Chair. Richard Whitefeather represents the rural Veteran's Administration. Jenny Clayton, Nancy Sneider, and Melissa Dewey are members from Elko; and, south rural in Mesquite is Cynthia Matteson is a member from the rural south in Mesquite. Cynthia is also a member on this Council. Jenny Ward is the Administrative Assistant with the Center for the Application of Substance Abuse Technologies. Lou Torres is from the Foundation of Recovery, and Ian Paul from the Nevada Division of Public and Behavioral Health. The key for the first several meetings is to establish their structure and bylaws. With this initiative they are going to develop a peer website for their minutes, agendas and job opportunities.

Ali asked if Qualified Behavioral Aide (QBA) peers would have oversight by a Qualified Mental Health Professional (QMHP). Hilary said a QBA would need oversight from a QMHP. That would be part of the requirement for reimbursement from Medicaid. Hilary replied to Ali's comment about continuity of care when patients have Medicaid fee-for-service and managed care, stating, this is something they endeavor to work on with the managed care companies. Hilary further discussed Medicaid's Policy Chapter 400 and their findings. Ali expressed his concerns about the reduced service hours and units for people who are already in the service model and the funding base. Dave commented that they understand the challenges but that was one of the reasons they decided to go with Peer Support Recovery organizations to work with them and make sure they are responsible for giving guidance and training and ultimately be responsible for hiring the peers and meeting Medicaid requirements. Medicaid has made an effort to reach out to its state partners to help in this endeavor. Ali reasserted his frustration when a transition occurs from fee-for-service to managed care. Bill with HPN stated he would be happy to send Ali their service information to help when clients are being transferred back and forth. Bill said HPN has a call-in center and a person can call and self-refer themselves for services. The initial is done by policy and anything after that is done by medical necessity. Bill gave Ali his business card and advised, if anyone is having problems getting services or continuity of care, to please contact him. Ali thanked Bill and everyone.

Dave said the Peer Leadership Council will be looking for a task to take on and maybe they can get involved. Dave invited Ali to attend one of their meetings.

June agreed with Ali and Bill and said gaps in between are really critical for people with mental illness. When someone is waiting for medication and services, these obstacles make a difficult situation much worse, not only for the client, but also for the family members and the organizations. The issue should be addressed. Bill further reviewed the services provided by HPN.

10. INFORMATION ON TECHNICAL ASSISTANCE FOR PLANNING COUNCILS “For Possible Action”

Dave reported there is a company contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Advocates for Human Potential. Their main role is to provide technical systems support to planning councils around the nation. The Division approached the Advocates for Human Potential in the summer wanting to know if they can come out and provide training. They could not commit because they were ending their 3 year contract and had to reapply. They have been selected for the next three years. Bruce Emery and Ted Dawson from the east coast are looking at the January or April meeting to provide technical assistance for new and existing members, as well as refresher training.

11. COMMITTEE UPDATES “For Possible Action”

Executive Committee – Dave

Dave said the Executive Committee meets in between the formal Council meetings to set the next agenda items, among other Council business. The Committee last met on September 11, 2014. There was discussion on revising the bylaws to add that each Council member commit to serve on at least one subcommittee and revisit the section on Absences for some revision.

Behavioral Health Promotion Subcommittee – Dave

Dave reported that this Committee was the most active. We are doing more outreach, education, mental health prevention and working with our partners from SAPTA as well to do more mental health promotion, prevention, and awareness. With Luana’s help, we were able to run in September during National Recovery Month two public service announcements and in May did three huge public service announcements during Mental Health Month on mental health stigma, mental health gun safety, and not to abuse drugs while pregnant. We did it with the “I Choose” theme, such as I Choose not to use drugs and alcohol while I’m pregnant. In the Las Vegas News and Review and in the Reno News and Review a number of positive things on mental illness and co-occurring disorders. We also tried to highlight those persons who have dedicated their lives in serving and treating persons with mental illness and addictions. Coming out of this meeting was a discussion on running a PSA during the holidays on depression. Elizabeth said that, as a consumer, she feels the holidays are very gloomy. Sharon commented that one PSA could be on stress and drinking because of holiday parties and family fights. Bob said no matter what the holiday, there is always standing room only at NAMI meetings, because holidays seem to be a trigger. Luana promotes our crisis lines and how to handle those triggers.

Bylaws Ad Hoc Committee – Dave

Dave again reviewed that this Committee will propose the following revisions to the bylaws: (1) Each member serves on at least one subcommittee; (2) Revise Section 1 to include absent members who are not excused are noted as currently unexcused in the minutes until the next meeting when it is established that the absence was excused or unexcused by the Chair or acting Chair; (3) Other revisions as proposed. All revisions will be brought before the full Council for discussion and approval.

Rural Monitoring Subcommittee – Dave

Dave said this Subcommittee was sunsetted last year and is returning. The Rural Monitoring team consists of four or five Council members who select two rural health clinics to visit. The Committee designs specific and pertinent questions and the clinics locate consumers who are willing to be interviewed on their perception of services being provided and their recommendations on what could be done better. Clinic staff are also interviewed to find out what they feel is working well and what they need.

Hilary commented that the idea of going out to the rurals and getting a real picture of what is going on in Nevada is wonderful.

12. PUBLIC COMMENT “*For Possible Action*”

There was no public comment.

13. SET DATE FOR THE COUNCIL’S FACE-TO-FACE QUARTERLY MEETING AND POSSIBLE ORIENTATION/REFRESHER TRAINING ON JANUARY 15, 2015, AND OPEN DISCUSSION ON PROPOSED AGENDA ITEMS “*For Possible Action*”

Dave said, as previously mentioned, there is a possibility orientation and refresher training will take place at the Council’s Quarterly meeting on either January 15 or in April, 2015, depending on the availability of the technical assistant. Council meetings occur four times a year, usually the third Thursday in January, April, July, and October. The meetings start at 9:00 a.m. For the meeting that includes training, the formal meeting would be in the morning, there would be a break for lunch, and training would commence after lunch.

Dave asked for discussion on proposed agenda items. Hearing none, Dave asked that the members e-mail Diane with their agenda items.

Diane commented that the face-to-face Quarterly Meeting means the members in the Carson City and Reno areas would travel to Las Vegas for the Quarterly/Training meeting.

MOTION: Hilary moved to set the next Council meeting, with the possibility of Training/Orientation, on January 15, 2015. Barbara seconded. Motion passed unanimously.

14. ADJOURNMENT *“For Possible Action”*

MOTION: Sharon moved to adjourn the meeting at 11:45 a.m. Judy seconded. Motion passed unanimously.

Diane Dempsey
Recording Secretary